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|--|-------|--------------------------|-------------------------------------|
| <p><i>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL<br/>FOR FY 2005</h2> |       | <i>Complete if Known</i> |                                     |
|  |       | Application Number       | 10/804,629                          |
|  |       | Filing Date              | March 19, 2004                      |
|  |       | First Named Inventor     | Lucey                               |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |       | Examiner Name            | Porfirio Nazario-Gonzalez           |
| TOTAL AMOUNT OF PAYMENT  | (\$0) | Art Unit                 | 1621                                |
|  |       | Attorney Docket No.      | 19226/2291 (R-5824, R-5875, R-5881) |

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| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>14-1138</u> Deposit Account Name: <u>Nixon Peabody LLP</u>   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.</b>       |  |

|   |                 |                                      |                 |   |                      |                                  |                              |
|---|-----------------|--------------------------------------|-----------------|---|----------------------|----------------------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                 |                                      |                 |   |                      |                                  |                              |
| <b>1. BASIC FILING, SEARCH AND EXAMINATION FEES</b>   |                 |                                      |                 |   |                      |                                  |                              |
|   | FILING FEES     |                                      | SEARCH FEES     |   | EXAMINATION FEES     |                                  |                              |
| <u>Application Type</u>   | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u>         | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u>                            | <u>Fee (\$)</u>      | <u>Small Entity Fee (\$)</u>     | <u>Fees Paid (\$)</u>        |
| Utility   | 300             | 150                                  | 500             | 250   | 200                  | 100                              | _____                        |
| Design  | 200             | 100                                  | 100             | 50  | 130                  | 65                               | _____                        |
| Plant   | 200             | 100                                  | 300             | 150   | 160                  | 80                               | _____                        |
| Reissue   | 300             | 150                                  | 500             | 250   | 600                  | 300                              | _____                        |
| Provisional   | 200             | 100                                  | 0               | 0   | 0                    | 0                                | _____                        |
| <b>2. EXCESS CLAIM FEES</b>   |                 |                                      |                 |   |                      |                                  |                              |
| <u>Fee Description</u>  |                 |                                      |                 |   |                      | <u>Fee (\$)</u>                  | <u>Small Entity Fee (\$)</u> |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  |                 |                                      |                 |   |                      | 50                               | 25                           |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   |                 |                                      |                 |   |                      | 200                              | 100                          |
| Multiple dependent claims   |                 |                                      |                 |   |                      | 360                              | 180                          |
| <u>Total Claims</u>   |                 | <u>Extra Claims</u>                  |                 | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                              |
| <u>36</u>   | - 36 or HP =    | <u>0</u>                             | x               | <u>25</u>   | =                    | <u>0</u>                         |                              |
| HP = highest number of total claims paid for, if greater than 20  |                 |                                      |                 |   |                      | _____                            | _____                        |
| <u>Indep. Claims</u>  |                 | <u>Extra Claims</u>                  |                 | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> |                                  |                              |
| <u>4</u>  | - 4 or HP =     | <u>0</u>                             | x               | <u>100</u>  | =                    | <u>0</u>                         |                              |
| HP = highest number of independent claims paid for, if greater than 3   |                 |                                      |                 |   |                      |                                  |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                 |                                      |                 |   |                      |                                  |                              |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                 |                                      |                 |   |                      |                                  |                              |
| <u>Total Sheets</u>   |                 | <u>Extra Sheets</u>                  |                 | <u>Number of each additional 50 or fraction thereof</u> |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u>         |
| _____   | - 100 =         | _____                                | / 50 =          | _____ (round up to a whole number)                      | x                    | _____                            | = _____                      |
| <b>4. OTHER FEE(S)</b>  |                 |                                      |                 |   |                      |                                  |                              |
| Non-English Specification,  |                 | \$130 fee (no small entity discount) |                 |   |                      | _____                            | <u>Fees Paid (\$)</u>        |
| Other: _____  |                 |                                      |                 |   |                      | _____                            | _____                        |

|                     |                 |   |                          |
|---------------------|-----------------|---|--------------------------|
| <b>SUBMITTED BY</b> |                 |   |                          |
| Signature           | /Alice Y. Choi/ | Registration No. 45,758<br>(Attorney/Agent) | Telephone (585) 263-1508 |
| Name (Print/Type)   | Alice Y. Choi   |   | Date September 28, 2006  |